
Student Name _____ Week of _____ to _____

Day of Week	Title of Book and Author's Name	Total Time Read	Total Pages Read
Monday		Min.	Pgs.
Tuesday		Min.	Pgs.
Wednesday		Min.	Pgs.
Thursday		Min.	Pgs.
Friday		Min.	Pgs.
Saturday		Min.	Pgs.
Sunday		Min.	Pgs.
Total Minutes Read This Week		Min.	
Total Pages Read This Week			Pgs.

I have done my reading homework.

Student Signature

Date

I have observed my child doing this reading homework.

Parent Signature

Date
